

For Hire Driver Application Records and Licensing Services Division Must Apply in Person at 500 Fourth Ave., Suite 403, Seattle, WA 98104

APPLICATIONS NOT ACCEPTED AFTER 2:00 PM

New - Renewal - Reactivate

(circle one)

Office Use Only							
FH#							
License Type							
Company							
Owner of Company	Yes	☐ No					
Cab #							
3							

Type or Print: First Name		Middle Name			Last Name				
Previous Names or Aliase	·s				Email				
Home Address (Number,	Street, Apartment	number)							
City State		State	Zip Code		Social So	Social Security Number:			
Mailing Address (Number	r, Street, Apartmei	nt number)	lf diffe	erent than abov	e.				
City		State		Zip Code	I attest,	under pe	nalty of p	t authorization is required. perjury, that I am (check one):	
Home Phone #	Cell Phon		ne #		1 =	A citizen of the United States A noncitizen of the United States			
Driver's License (DL) Num	Driver's License (DL) Number		DL Expiration			A lawful permanent resident (Alien#) An alien authorized to work (Alien or Admission #)			
Place of Birth	Place of Birth		Date of Birth applicable – N		ble – Mor	until (Expirations date, if lonth/Day/Year)			
Has your Driver's License		ded or revol	ked?						
Race NO - *If yes	, for what reason?	Height		Weight	Hair Color			Eye Color	
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Have you had any moving traffic violations or accidents within the last 24 months including deferred, dismissed, tickets at fault/not at fault, pending or other status? Yes No *If yes list below (attach additional sheet if needed)									
Date	Offense or Charge				City/Stat	te	Statu	ıs	
Have you been arrest dismissed, pending o		ed, charge			•		-	ears including deferred, Il sheet if needed)	
Date	Offense or Charge				City/Stat		Statu		
Are you required to r	_				_	Yes	_	is true and correct. Omission of or	
false representation	of a material must comply wi	fact is good the fact is good to be fact in the fact is good to be fact in the	roun	ds for denia	al of my	license.	I und	erstand there are <u>no refunds</u> . I Municipal 6.310 Codes before my	
(Signature)								(Date)	
	Completed Date	e or N/A			Ise Only				
VCCO Eingarprint /	Dink\		ν C I	icanca Faa	ıċ		I Doc	oint # #	

Completed Date or N/A		Office Use Only			
KCSO Fingerprint (Pink)		KC License Fee	\$	Receipt #	#
IAFIS (FBI)		KC Late Fee	\$		
KCSO/WSP		City License Fee	\$	Temp Issued:	YES or NO
KCSO Background		City Late Fee	\$	Expiration Date	
Driving Record		Fingerprint	\$	Date Issued	
Training		Training	\$	By Initials:	
Association Training		Photo	\$	WAT Certified:	YES or NO
Test Written		Cash Paid	\$	NOTE:	
Test Oral		Date Paid			
Diploma/Transcript				Perman	ent License:
Physical Year/#years	#	Reschedule Fee	\$	Expiration Date	
INS	<u> </u>	Reschedule/date		Date Issued	
City Business License				By Initials:	